



State of California
Edmund G. Brown Jr., Governor

APPLICATION FOR RESTORATION (CANCELLATION)

Instructions: Complete both pages of application. Incomplete applications will be rejected. The **application fee is \$500.00** and non-refundable. Payment must be in the form of a check or money order, payable to the Board of Chiropractic Examiner. In addition to the application, you are required to: Attach proof of **Board-approved continuing education (CE)** for each year the license was cancelled (minimum of 4 hours must include adjustive technique). The CE must be **taken with the past 12 months** immediately preceding this application.

Fingerprints are required: California residents are required to have them completed electronically via Live Scan (see live scan instructions). Out-of-state residents need to contact the Board for CA issued fingerprints cards. There is an additional \$51.00 non-refundable processing fee for out-of-state residents payable to the Board. Allow 2-3 weeks for processing. Licenses that have been cancelled for less than 2 years will need approval at a Board meeting prior to restoration.

Please print or type

Name:	Last	First	Middle	Former
Address:	Number		Street	
	City		State	Zip Code
Home telephone ()	Work telephone ()			
Business Address:	Number		Street	
	City		State	Zip Code
Date of Birth	Driver's License Number/State		Social Security Number*	

License number:
Date of expiration:
TAPE A PHOTOGRAPH of your FACE 2 X 2 Taken Within 60 Days of the Filing of this Application

Are you licensed in any other state or country? ☐ Yes ☐ No If yes, please specify below.

State/Country	Issue Date	License Number	Current Status

Chiropractic College you attended:

Name of College:	Address	City	State	Zip Code	Graduation Date
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*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure of examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

T (916) 263-5355
F (916) 263-5369
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, CA 95833-2931
www.chiro.ca.gov

FOR OFFICE USE ONLY	
Date cashiered	_____
Amount \$	_____

You must answer all questions and provide an explanation for each affirmative answer. Please attach your explanation(s) to the application. *Failure to do so will result in the denial of your restoration application.*

1. Have you ever been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or a local ordinance? You must include all infractions, misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than \$500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.) If yes, include an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.) ☐ Yes ☐ No
2. Are you now on probation or parole for any criminal or administrative violations in this state or any other state or territory? (Attach certified copies of all disciplinary or court documents.) ☐ Yes ☐ No
3. Have you ever had disciplinary proceedings against any professional license including revocation, suspension, probation, voluntary surrender, or any other proceeding in this state or any other state or territory? ☐ Yes ☐ No
4. Do you have a physical or medical condition that currently impairs your ability to practice safely ☐ Yes ☐ No
5. Have you at any time practiced chiropractic on a forfeited, expired, cancelled or inactive license? If yes, indicate the dates of practice in your explanationl. ☐ Yes ☐ No
6. Have you ever been denied a license or similar privilege by a licensing agency, or been denied the opportunity to take a licensing examination? ☐ Yes ☐ No

Please attach to this application copies of your proof of completion of Board-approved Continuing Education courses.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for restoration after cancellation is true, correct and complete. Providing false information or omitting required information may constitute grounds for denial of the license.

Signature

Print Name

Date